



Capitol Region Watershed District
 595 Aldine Street
 Saint Paul, MN 55104
 capitolregionwd.org
 p: (651) 644-8888
 f: (651) 644-8894

RAIN BARREL WORKSHOP GRANT APPLICATION

PLEASE SUBMIT FORM AND REQUIRED MATERIALS TO:

Rachel Funke
rfunke@capitolregionwd.org

PROJECT PARTICIPANT INFORMATION	
(ORGANIZATION)	(PROJECT CONTACT)
(ADDRESS)	(EMAIL)
(CITY, STATE, ZIP)	(PHONE)

PROPOSED RAIN BARREL WORKSHOP EVENT DESCRIPTION	
(WORKSHOP LOCATION)	(WORKSHOP DATE)
(WORKSHOP PRESENTATION TITLE - CRWD has a presentation available upon request. Contact Andrew for more information.)	(WORKSHOP PRESENTER)
(NUMBER OF PARTICIPANTS)	(PRESENTER EMAIL)
(REIMBURSEMENT REQUEST - \$50 per participant / \$2,000 max)	(PRESENTER PHONE)

RAIN BARREL VENDOR INFORMATION	
(VENDOR NAME)	(VENDOR CONTACT)
(ADDRESS)	(EMAIL)
(CITY, STATE, ZIP)	(PHONE)

RAIN BARREL WORKSHOP GRANT AGREEMENT	
<p>THE FOLLOWING MATERIALS ARE REQUIRED FOR REIMBURSEMENT THROUGH THE RAIN BARREL WORKSHOP GRANT FUND PROGRAM:</p> <ol style="list-style-type: none"> 1) COMPLETED APPLICATION FORM WITH WORKSHOP PRESENTATION ATTACHED FOR REVIEW PRIOR TO EVENT. 2) SUBMITTED EVENT REGISTRATION FORM, INCLUDING PARTICIPANT CONTACT INFORMATION, CONFIRMATION THAT PARTICIPANTS ARE RESIDENTS OF CRWD, & CONFIRMATION THAT RAIN BARRELS WILL BE DISTRIBUTED WITHIN CRWD. 3) EVENT PHOTOS AND CONSENT FROM PARTICIPANTS ALLOWING CRWD TO SHARE EVENT PHOTOS. <p>BY SIGNING BELOW, WE ACKNOWLEDGE AGREEMENT TO CRWD GRANT POLICIES; IT IS UNDERSTOOD THAT OUR ORGANIZATION WILL BE REIMBURSED \$50.00 PER REGISTERED PARTICIPANT, UP TO A MAXIMUM WORKSHOP PROJECT TOTAL OF \$2,000.00.</p>	
(Name)	(CRWD Staff Representative) (Date)
(Signature) (Date)	(CRWD Administrator) (Date)